

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Cory Bryson			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 28 / 2014		
Mailing Address 216 Dogwood Ln			Amount 55.00 Transaction ID : 5f516e16-0f69-49f1-b Date of Disbursement or Obligation MM / DD / YYYY 08 / 28 / 2014		
City Belmont	State NC	Zip Code 28012			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought 269352.71			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Cory Bryson			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 28 / 2014		
Mailing Address 216 Dogwood Ln			Amount 21.00 Transaction ID : 19c7fd42-bd58-44d1-8 Date of Disbursement or Obligation MM / DD / YYYY 08 / 28 / 2014		
City Belmont	State NC	Zip Code 28012			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought 269352.71			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	76.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
08 / 30 / 2014

Signature